

TITLE II Part D Education Technology State Grants
FINANCIAL STATUS REPORT (Claim Form)

LEA NAME	_____	REPORTING PERIOD	_____
ADDRESS	_____	FISCAL YEAR	_____
	_____	BUDGET NUMBER	_____

	(A) APPROVED BUDGET	(B) PREVIOUSLY CLAIMED EXPENDITURES	(C) CURRENTLY CLAIMED EXPENDITURES	(D) TOTAL CLAIMED EXPENDITURES	(E) BUDGET BALANCE
[1] SALARIES					
EMPLOYEE					
[2] BENEFITS					
PURCHASED					
[3] SERVICES					
SUPPLIES &					
[4] MATERIALS					
[5] SUBTOTAL					
[6] INDIRECT COSTS					
CAPITAL					
[7] ACQUISITIONS					
GRAND					
[8] TOTAL					

[9] INDIRECT COST RATE: _____ (Enter restrictive rate approved by DECA)

[10] FUNDS RECEIVED OR REQUESTED PRIOR TO
THIS REPORT (FROM LINE 13 PREVIOUS CLAIM) \$ _____

[11] TOTAL CLAIMED EXPENDITURES (COLUMN D) \$ _____

[12] FUNDS REQUESTED THIS PERIOD
(LINE 11 MINUS LINE 10)
Should equal column C, line 8 and total under lin \$ _____

[13] TOTAL FUNDS REQUESTED OR RECEIVED THRU
THIS REPORT PERIOD (LINE 10 PLUS LINE 12) \$ _____

[14] OBLIGATIONS PAID AFTER JUNE 30TH \$ _____

If using the Transferability option indicate below the appropriate funds to be expended through TITLE II Part D. The TOTAL should equal line 12. Available fund balances should be obtained from your approved Transferability table in your application. School districts are required to track funds through the original funding source. Only the allowable use of funds is being redirected.

[15]	TRANSFERABILITY-SOURCE OF FUNDS	REVENUE CODE	BUDGETED AMOUNT	CURRENT CLAIMED AMOUNT
	TITLE II Part A	4159		
	TITLE II Part D	4156		
	TITLE IV Part A	4176		
	TITLE V Part A	4157		
	TOTAL			

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN
EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS IN ALL THINGS
TRUE AND CORRECT.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE

PHONE NUMBER

DATE

For Office Use Only: Payment entered: _____ Date _____
